

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L08832

FILED
May 01, 2003
Secretary of State

Entity Name: SEABROOKS AND ASSOCIATES, INC.

Current Principal Place of Business:

997 SW 104TH WAY
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

997 SW 104TH WAY
PEMBROKE PINES, FL 33025 US

New Mailing Address:

FEI Number: 65-0135480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEABROOKS, PATRICIA A.
997 SW 104TH WAY
PEMBROKE PINES, FL 33025

Name and Address of New Registered Agent:

PATRICIA A. SEABROOKS
997 SW 104TH WAY
PEMBROKE PINES, FL 33025

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA A. SEABROOKS 05/01/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEABROOKS, DR PATRICIA A
Address: 997 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 330253580

Title: TD () Delete
Name: SEABROOKS, REV WILLIE JR
Address: 997 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 330253580

Title: VD () Delete
Name: SEABROOKS, MIA C.,
Address: 18501 N W 39TH AVE.
City-St-Zip: MIAMI, FL 33055

Title: SD () Delete
Name: SEABROOKS, PATRICIA A.W.
Address: 18501 NW 39TH AVE
City-St-Zip: MIAMI, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CARTER, ANN D
Address: 8504 SHERATON DRIVE
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. SEABROOKS PD 05/01/2003

Electronic Signature of Signing Officer or Director Date